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Master's Thesis of Public Administration

The Influence of Leadership Styles on Health Workers Performance in Uganda

**A Study of Kampala Capital City Authority
Health Facilities**

**우간다 의료인의 성과에 대한
리더십 스타일의 영향 연구:
캄팔라 시립 의료원 사례를 중심으로**

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Health Facilities**

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ABSTRACT

Influence of Leadership Styles on Health Workers Performance in Uganda: Case Study of Kampala Capital City Authority Health Facilities

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The importance of leadership style as predictor of organizational citizenship behavior (OCB) has been well established in Western settings. Leadership is defined as the ability to set employees in motion to get works done. It reflects an influence relationship behavior between leaders and followers in a particular situation with the common intention to accomplish the organization's end results.

In order for health care workers to operate efficiently, they must have effective leadership, and the health care leaders of KCCA health facilities face challenges due to the increasing complexities arising both in the industry and the authority itself. These challenges will continue to evolve for years to come. Researchers are realizing that health worker commitment and loyalty are at their lowest especially in government owned health facilities in Uganda, and that health care executives, physicians, and patients in Uganda today are

generally “dissatisfied with the management in the industry.” Therefore this study sought to determine the influence of leadership styles on health worker’s performance in KCCA health facilities.

Cross sectional design combined with descriptive and analytical research design were adopted. The study population comprised of health care workers (doctors, clinical officers and professional nurses) from KCCA health facilities within the district (Kampala). In order to avoid bias and ensure representativeness, stratified random sampling was used to select the respondents. Stratification was done by parish, profession and leadership position. Using simple random sampling, health care workers were selected from each stratum based on the lists obtained from the district health offices. The study used in-depth interviews. The data was collected by already used modified Multifactor Leadership Questionnaire (MLQ). Health worker performance data was provided by the respective health facilities from their performance management system. Each performance appraisal factor was measured using a scale of 1-5 where 1 is regarded as low performance, 3 is the target (met performance standard) and 5 is high performance. These scores were averaged, to result into a total score.

From the analysis, 42% of the respondents their performance consistently met or was above acceptable performance levels while the other 2% was below the acceptable level. The most used leadership styles at the KCCA health facilities were authoritative (34%), transactional (32.7%) and (25.4%) transactional was the least used leadership style. Authoritative leadership was used by doctors, clinical offices followed by Laboratory technicians and a small number of Pharmacists; transactional leadership was used by Midwives,

Doctors, and Nurses, while transformational leadership was used by Clinical officers followed by Midwives, Nurses, Doctors and Pharmacists.

Authoritative and transformational leadership style had significant relationship whereas transactional style had non-significant influence on health worker performance.

Recommendations; reduction on application of Authoritative leadership styles by KCCA is recommended, hence the District council should advocate for better leadership styles that match different situations. Authoritative leadership results but can be applied in only appropriate situations. KCCA should organize leadership workshops for health workers in leadership positions at all the health facilities under its jurisdictions. This will raise awareness among them in order to make informed choices upon which style.

Keywords: Leadership styles, health facilities, Authoritative, transactional, transformational, performance.

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ABBREVIATION AND ACRONYMS

ABBREVIATION	MEANING
HIV	Human Immune deficiency Virus
HF	Health Facilities
KCC	Kampala City Council
KCCA	Kampala Capital City Authority
MCH	Maternal and Child Health
OCB	Organizational citizenship behavior
PDLP	Police Leadership Development Board
PSM	Performance Management System
W.H.O	World Health Organization

CHAPTER I: INTRODUCTION

1.0 Research Background

Leadership style Importance as forecaster of Organizational Citizenship Behavior (OCB) has been well established in Western settings. Leadership is the way an individual is able to organize a group(s) of people having diverging ideas to work as a team by putting their efforts together towards achieving a common set organizational goal. Public and private business's leadership is linked to performance Therefore leaders who intensify their company's' bottom line in whatever operations, stand out as the effective ones. The actions of a leader in trying to manage the team under him will be evidenced in his or her subordinates' performance in the process of meeting the set goals of the organization (Stogdill, 1948; Bass, 1981). For instance a leader who rarely pinpoints out the wrongs of the team will lead them develop "I don't care attitude" thus perform tasks with less caution. This shifted the earlier emphasis on trait theory of "leaders are born" to more of the behavior and style adopted by the leaders. It has been noted that most leaders who adopt democratic or participative style turn to be more successful in their organizations.

Considering the works of different leadership scholars like (Kirkpatrick and Locke, 1996; Strange and Mumford, 2002; Levin, 1999; Bennis, 2002; DePree, 2002), they all sight out expected characteristics of an effective leader such as; being able to articulate vision, build trust, belief and loyalty as

well as leading employees' talents directly towards realizing the set organizational goals amidst all challenges.

Over the years, a number of public health institutions have emerged to continuously play a great status to every economy around the world, for without a healthy workforce, most of the set targets will remain unmet. These institutions too are a source of revenue, created jobs for different cadres and above all the set up health facilities (hospital) offer medical care to the state's citizens. The changes in environment with technology gives rise to many service competitors along with new approaches to issues of which complicates the health care system. It is upon this cause that responsible managers need to respond in a proportional manner so as to build trust, confidence in their performance.

Health facilities are comprehensively defined as localities where a range of health care services can be offered. They could be hospitals, in and outpatient clinics, special-needs centers like for psychiatrics among others. The personnel includes; Nurses, Doctors, Technicians, Midwives, Laboratory-technicians Physicians and non-medical staff that are meant to provide pleasing and quality services to Clients (patients). Since every patient comes with different complications, the institution needs to have skilled cadres able to use the available medical equipment, carry out the true diagnosis before the treatment is ministered not forgetting customer care as paramount too. Some of the Services provided range from immunization, maternity health, counselling, anesthesiology, medical descriptions/dispensing, dietary advice,

mortuary care, X-ray imaging to Human Immune Virus (HIV) testing and other counselling. The combination of personnel and services to clients in relation to output and feedback will articulate if the health facility is actually a significant performer.

Various researchers through their approaches of leadership contextualize behavior of the top leader or manager to be of effect to his followers. Results have proven supervisees' capability manifested has effect on leadership styles of the leaders (Dockery and Steiner, 1990). Most of the organizational culture not excluding health facility main area of study positions the officer at the apex or in position of a supervisor be an innovator, skilled, good planner, allocate resources evenly as well as assuming the position of front "wheel driver" of the organization in achieving successful management.

Apart from Internal factors like Leadership styles, external factors need not be left unmentioned as they too they too play a significant role in financial, operational and employee performance in the health facilities. Factors like general management of handling issues, availability of investment prospects and other markets, legal, with consideration in daily changes in economic, technological and sociological. All organizations are classified as open systems for their dependency on environment since information in terms of feedback, analysis are a way in measuring its performance (Fuentes et al., 2004). It should be noted that people have neither respond nor influence to these environments in the same manner.

Effective leadership goes hand in hand with effective communication skills. A leader should know what, when, how, where to communicate in a tactical way that will not drive away the employees from the set direction. Issues have to be prioritized, fix wrongs as early as possible for what may start as an individual's action may in the end be passed onto an entire group which may turn into a hard to solve issue. Continuous reminder to staff of what has and needs to be accomplished per the set plans is a good act of visionary and effective leader. This should be done without fear or favoritism but professionally.

1.1 Research Problem Statement

Despite the numerous efforts which the Ugandan Government has invested in ensuring health care services are available and more accessible to its citizens, there is still a long way with 26 districts in the country lacking a hospital. (The Foundation for Human rights Initiative report). Even the existing government hospitals in the fortunate districts like Kampala are performing poorly. They are characterized of poor services delivery, unhygienic, absenteeism, high cases of maternity death, on and off strikes by health workers and patients, and no medicines in hospitals among others. Being efficient in actual work situation and achieving performance has been a public concern.

Despite record investment over the past five years in terms of; increased funding of the health budget and supply of drugs freely the situation is

deteriorating. Government of Uganda's health performance is continuously graded as among the poorest in the world by the World Health Organization, with a country ranked at 186 out of 191 countries¹. For health care workers to provide the expected output in an effective and efficient way, there has to be a strong backup of effective supervisory leadership. In general almost governmental health sector has been facing a lot of challenges due to increased population figures that has a lot of demands. The demands are from both clients and health facilities' employees as seen from the continuous on and off strikes, absenteeism at their work stations among others. As these issues seem not to be attended to, studies have shown that trust, loyalty and commitment has been lost in these public health facilities of which has paved way to the private ones that are not pocket-friendly to the low income earners.

Considering the wide-ranging discussions on the way forward of health care in Uganda, different management tools have been applied as suggested by (Dellit et al. 2007; Elwood 2007; and Porter and Teisberg 2007) that points out competition, strategy and innovation as some of the solutions to system flaws in the sector. In consideration of financial implications concerning the prosperous flourishing and economic being of a country (Busse et al. 2003), huge sums of national budget are expended in the process of diagnosing the current state of health care in pursuit of appropriate solutions. Their efforts are geared towards improving quality and reducing costs. Despite of Similar

¹ (Mubatsi 2013)

(Michael. E. Porter and Elizabeth Olmsted Teisberg 2006)

studies by researchers in Uganda in proving a correlation leaders' style in relation to performance, a big vacuum combined with ignorance of how each specific style affects each health cadre's performance has continually to exist in government entities such as K.C.C.A. Health centers. It is upon this research background that the study aimed at further establishing the leadership styles used in these health centers and the performance of Health Workers in the Health centers of Kampala Capital City Authority.

1.2 Research Objectives and Questions

It has been widely accepted that the performance of leader has an effect to behavior of the entire team under him or her. This research therefore seeks to find solutions to the accelerating poor employee performance in Uganda's healthcare entities by majorly focusing on how leadership styles is of can be of influence to the Performance of the employees only in KCCA facilities/ Centers. The study too will try to answer the following research questions

- a) At what level do health workers perform at in the KCCA?
- b) Which leadership styles are practiced in these government facilities
- c) Who among the employees succumbs to these leadership styles?
- d) How does leadership styles influence performance on KCCA employees

Other specific objectives of the study in KCCA facilities included:

- a) To identify leadership different styles and the kind of employees in KCCA using them.

- b) Determine the performance distribution level of health care employees performance
- c) Establish whether a relationship exists between Leadership styles and Health worker performance as measured by questionnaire indicators.
- d) To make recommendations for the improvement of performance on the basis of an analysis of leadership styles.

1.3 Research Significance

The outcomes of the study are significant to the categorized people inline of academia, health-care personnel/Administrators as well as other policymakers.

Hospital Administrators: It will be easier to evaluate, select the style to employ or change. Findings will help health workers to have a deeper understanding of the leadership styles they are succumbing to and their performances as workers. This could be a breaking approach that will change the way the hospital employee real work. The results will inform policy makers and the Ministry of Health who is in this case the General overseer of all the government hospitals by adopting the best practices and avoid mistakes already encountered in improving performance.

The Academia: The thesis results may support other researchers uncover critical areas in Leadership process especially health care industry that many other researchers were not able to explore, thus serve as a reference, guide to

further research and may be a new theory may be arrived at. The results of this research are significant to the academia, other researchers

1.4 Research Hypothesis

The study narrows its focus with emphasis on the following hypothesis

H_a; Leadership styles have an influence on health workers performance,

H₀; Leadership styles have no influence on health worker performance.

1.5 Content and Area Scope of Research

The likes of authoritative, transactional, transformational as the most commonly practiced leadership styles in health centers were the main emphasis and also a narrow view of the other styles as will be discussed in the following chapter. The Health Centers the research study covered were only from the seven divisions under that fell in the jurisdiction of KCCA .Kampala Capital City Authority (KCCA) is a legal entity authorized by the Act of Parliament of Ugandan. It has a mandate to develop, maintain and an overall in charge of central business within the city of Kampala district in accordance to the KCCA Act. Nine health centers ranked from level two to four are under KCCA management of which they provide primary health care to citizens like maternal acute renal failures, Immunization, dental and antenatal. Centers include: Kisugu, Kitebi, Komamboga, Kiswa, Kiruddu, KCCA City Hall, Bukoto Kisenyi then Kawempe. The upgrading of these centers to different levels is due to the overwhelming number of patients and population where

they are situated. At the time of research, three health centers namely; Kawempe, Kiruddu and City Hall were non-operational as maintenance and reconstruction work was on- going therefore excluded from the study

CHAPTER II: LITERATURE REVIEW

2.1 Introduction

This section covers the relevant literatures about leadership in all aspects and health care facilities from different sources like academic papers, journals, articles and any other online publications. More to be discussed here is; precedent theory and study review that explains the underlying impact of a Leader's styles in relation to the way the employees exhibit performance

2.2 Summary Content View of Leadership

Leadership is a process of interaction between leaders and followers where the leader attempts to influence followers to achieve a common goal (Northouse, 2010; Gary Yukl, 2005). According to Chen and Chen (2008), previous studies on leadership have identified different types of leadership styles which leaders adopt in managing organizations (e.g., Davis, 2003; Spears & Lawrence, 2003; House, Hanges, Javidan, Dorfman, & Gupta, 2004; Hirtz, Murray, & Riordam, 2007). Among the more prominent leadership styles are Burns' (1978) transactional and transformational leadership styles.

Transformational leaders emphasize followers' intrinsic motivation and personal development. They seek to align followers' aspirations and needs with desired organizational outcomes. In so doing, transformational leaders are able to foster followers' commitment to the organizations and inspire them to exceed their expected performance (Sivanathan & Fekken, 2002; Miia,

Nichole, Karlos, Jaakko, & Ali, 2006; Bass & Riggio, 2006; Bass, 1985, 1998). With regard to today's complex organizations and dynamic business environment, transformational leaders are often seen as ideal agents of change who could lead followers in times of uncertainties and high risk-taking. In contrast, transactional leaders gain legitimacy through the use of rewards, praises and promises that would satisfy followers' immediate needs (Northouse, 2010).

The above mentioned leaders engage followers by offering rewards in exchange for the achievement of desired goals (Burns, 1978). Although transformational leadership is generally regarded as more desirable than transactional, Locke, Kirkpatrick, Wheeler, Schneider, Niles, Goldstein, Welsh, & Chah, (1999) pointed out that such contention is misleading. They argued that all leadership is in fact transactional, even though such transactions are not confined to only short-term rewards. An effective leader is expected to have the appeal to the self-interest of followers and use a mixture of short-term and long-term rewards in order to lead the subordinates towards achieving organizational goals.

2.3 Level of Health Worker Performance

Performing service providers are defined according to the WHO definition in the World Health Report of 2006: as a workforce that “works in ways that are responsive, fair and efficient to achieve the best health outcomes possible, given the available resources and circumstances”. Performance can

be defined as a combination of equipment and staffs being available, competence, productive and responsiveness.

Health care is a labor intensive making human resources one of the most important inputs in health care delivery. The 2006 World Health Report and a range of other reports find that the performance of health workers in many low income countries including Tanzania is sub-optimal, Hence, African countries including Tanzania, are trying to improve the functioning of healthcare delivery system to ensure that the populations they serve receive timely quality care using qualified and enough human resources. In health care, the problem of increasing performance and making the work environment more pleasant has been approached through the introduction of changes in working environment.

Furthermore Alfredo (2007) summarize a model which can be used to influence workers performance in low income countries including Tanzania, this model outlines the five key factors believed to influence performance outcomes. These factors include job expectations, performance feedback, environment and tools, motivation and incentives, and knowledge and skills. Each of these factors should be supplied by the health organization in which the provider works, and thus, organizational support is considered as an overarching element for improving performance.

2.3.1 WHO Performance Indicators

Availability

Improved performance is assessed by looking at the availability of staff, in terms of presence at work (as opposed to absence). Absenteeism by health providers is a frequently occurring phenomenon in many health facilities, especially in resource-poor areas. When staff cannot concentrate and stay on their work because of poor working condition, it can benefit a health facility to offer support. A study done by World Health Organization reports that one of the way to improve retention is by increasing job satisfaction at facility level and by addressing the living and working conditions of health workers. It further suggest that opportunities to improve retention include addressing the needs of specific groups of health workers.

Competence

Competence major determinant of provider performance as represented by conformance with various clinical, non-clinical, and interpersonal standards; Judge (2004). It encompasses knowledge, skills, abilities, and traits and is gained in the healthcare professions through pre-service education, in-service training, and work experience. Although competence is a precursor to doing the job right, measuring performance periodically is also crucial to determine whether providers are using their competence on the job. A provider can have the knowledge and skill, but use it poorly because of individual factors like abilities, traits, goals, values or

external factors namely ;unavailability of drugs, equipment, organizational support (Buchanan, 2006).

The study conducted in Somalia on competence of health worker in detecting malnutrition, indicates that Maternal and Child Health (MCH) clinic workers showed deficiency in their competence to detect malnourished children. They misclassified 10 percent of the children, which was worse among the malnourished, due to incorrect plotting of the child's current weight on the growth chart due to lack of training skills on how to plot weight on growing chart. Hence this study associate performance of these worker with their skills to perform the job (competence) and conclude that the performance was suboptimal. This throws a signal to management in charge that training of their health workers from time to time is paramount to realizing improved performances of their institutions.

Responsiveness

Responsiveness can be viewed in a manner in which the general health system reacts to the client's needs. For instance prompt response to the patients' needs, finding out if they are being treated fairly, existence of conducive health environment and if there is a disease outbreak like Cholera, are there measure being put up to curb or prevent further infection (Chan, 2005). Consumers of the health system are asked to report on their experiences and that's how they will be able to measure the performance. Within the World Health Organization, “framework for assessing health

system performance, the measurement of responsiveness is restricted to those elements that relate to the individual's well-being and do not account for.”

Productivity

This is defined in terms of the relationship between health outcomes achieved (health status protection or improvement for individuals or populations) and the health human resource inputs (time, effort, skills and knowledge) required. An employee's workplace environment is a key determinant of their level of productivity. How well the workplace engages an employee impacts their level of motivation to perform. If a health leader never punishes an employee for constant unethical acts like absenteeism from duty, most of the set work plans remain unmet or have low measures of output.

2.4 Leadership styles employed in hospitals

2.4.1 Transformational leadership

Transformational leadership is the leader's ability to motivate followers to rise above their own personal goals for the greater good of the organization (Bass, 1985, 1996 as cited by Murphy & Drodge, 2004). Bass (1985) theorized the transformational style of leadership comes from deeply held personal values which cannot be negotiated and appeals to the subordinates' sense of moral obligation and values (as cited by Chan, 2005).

2.4.2 Transactional/Managerial leadership

Transactional theory, as its name implies, involves a “transaction” or quid pro quo between a supervisor and a subordinate. The type of the transaction, whether a reward or discipline, depends on the employee’s performance. Bass (1985) theorized the transactional leaders appeal to the subordinates’ self-interests as cited by (Chan, 2005). Such leaders approach involve supervision, planning and performance of entire team. Their purpose is not finding change like transformational ones and therefore no attempts to change followers’ attitudes, values, growth, and development on a long-term basis they instead direct focus on achieving the outlined discussed performance levels (Chan, 2005). There is performance motivation in form of prizes or rewards to the subordinates in recognition of their efforts. Such kind of arrangement induces the health workers to work harder so as to achieve the set goals (Singer and Singer, 1990). Recognition of one’s effort is a vital in management.

One might theorize transactional leaders would have the greatest effect on patrol officers’ productivity such as the number of arrests, reports or citations for the reason that supervisors can set clear quantitative expectations that are easily monitored (Engel & Worden, 2003). Leadership behaviors that emphasize telling or controlling would be classified as transactional leadership because rewards and discipline are administered according to adherence or deviation from instructions. Transactional leadership is a reinforcement technique requiring constant application.

This Leadership style has two main components; contingent reward and management-by-exception. Contingent reward on a bargaining exchange system in which the leader and subordinates agree together to accomplish the organizational goals and the leader will provide rewards to them (Densten, 1999). The contingent reward should relate positively to performance in that these leaders clarify expectations and recognize achievements that positively contribute to higher levels of effort and performance (Bass, Avolio, Jung, and Berson, 2003). This will promote unity, transparency and an encouragement to the rest for improvement in the hospital.

Management-by-exception represents the taking of action by the leader when the follower does not meet the performance expectations (Densten, 1999). In this approach, transactional leaders clarify expectations, specify standards for compliance, define what constitutes ineffective performance, and monitor closely to ensure that deviances and errors are corrected promptly (Bass, Avolio, Jung, and Berson, 2003 cited by Chan, 2005). Their attention is to find faults and abnormalities.

Compliance from subordinates is achieved by the leaders through an exchange of rewards for services like pay raise offers, promotions for higher work productivity. However, the weakness noted in this style is that employees stop investing in their work once rewards become unavailable (Johnson, 2006). So managements should not base on rewards alone as a basic incentive for performance. This increases negative attitude towards work. Different employees have different talents.

According to Bass (1985) and House (1996), a transactional approach is deficient for long-term development, which normally entails significant individual and organizational change. Transactional leaders are denoted by intellectual stimulation, charisma, individual consideration and inspirational motivation. While many leaders utilize transactional leadership, they fail to constantly apply this behavior because of lack of time, inadequate opportunities to observe, ineffective appraisal systems, doubts about positive reinforcement effectiveness, and lack of skills. The negative aspects of leadership behaviors are associated with transactional leadership. One of the most interesting findings of a study of 480 senior Australian law enforcement officers was the prevalence of the transactional theory's management-by-exception over other leadership behaviors.

The significantly higher level of management-by-exception indicates that leaders of senior officers are mainly passive and focus on correcting deviations from the status quo. Several previous perceptions of police leadership support this finding, such as police leaders being “after the fact supervisors.” It is suggested that high levels of transactional leadership indicate only basic leadership competency among leaders.

2.4.3 Authoritarian leadership

In this style of leadership, the leader maintains strict and close supervision and control over subordinates by keeping regulation of policies and procedures given to the subordinates.

2.4.4 Paternalistic

A paternalistic leader works by acting as a father figure by taking care of their subordinates as a parent would. In this style of leadership the leader supplies complete concern for his followers or workers. In return he receives the total trust and loyalty of his people (Engel, 2003). Workers under this style of leader are expected to become totally dedicated to what the leader believes and will not strive off and work independently. The relationship between these co-workers and leader are extremely solid. The workers are expected to stay with a company for a longer period of time because of the loyalty and trust (Hindua, 2009).

Not only do they treat each other like family inside the work force, but outside too. These workers are able to go to each other with any problems they have regarding something because they believe in what they say is going to truly help them (Judge, 2004)

2.4.5 Democratic leadership

This leadership styles consists of the leader sharing the decision making abilities with group members by promoting the interests of the group members and by practicing social equity (Judge, 2004) .This style of leadership encompasses discussion, debate and sharing of ideas and encouragement of people to feel good about their involvement. The boundaries of democratic participation tend to be circumscribed by the

organization or the group needs and the instrumental value of people's attributes (skills, attitudes, etc.).

The democratic style encompasses the notion that everyone, by virtue of their human status, should play a part in the group's decisions. However, the democratic style of leadership still requires guidance and control by a specific leader. The democratic style demands the leader to make decisions on who should be called upon within the group and who is given the right to participate in, make and vote on decisions (Hindua, 2009).

2.4.6 Laissez-faire

An avoidant leader may either not intervene in the work affairs of subordinates or may completely avoid responsibilities as a superior and is unlikely to put in effort to build a relationship with them. Laissez-faire style is associated with dissatisfaction, unproductiveness and ineffectiveness (Deluga, 1992).

2.5 The Relationship between the Leaders' Styles with Health Worker Performance

According to leadership theorists, the performance of leader has an influence to different individuals' behaviors and their totality to the entire organization through proficiency and ability to carry out the tasks effectively.

Past research findings suggest that subordinates' ability has effect on leadership styles (Dockery and Steiner, 2006). For it's the role of the leader to guide, advice, and develop ability in the subordinates to come up with skillful decisions in running the organization. Apart from the leader himself, other factors from environment like investment openings, legal, general management commitment do affect performance of an organization in the process of achieving the set goals (Judge, 2004). Organizational performance is comprised of three dimensions namely; financial, operational, and employee performance. Organizations are considered as an open system which means organizations environment such as dynamism munificence, and complexity may have influence on its performance (Fuentes et al., 2004). Health worker performance in health care is more than just important, it can affect patient safety. Without a systematic method of ensuring that employees understand and meet their performance appraisal goals, maintain their competencies and engage in learning opportunities, health facilities put themselves at risk of increased turnover, and risk of lower quality of care and patient safety.

Realization of organizational goals is basically dwells on the ability of a leader to mobilize, allocate and utilize every human resources efficiently and effectively. Effective leaders are those that consider motivational factors as a big role to their subordinates and also recognizes their value in achieving the organizational goals. For once these factors are given a blind eye, surely the entire organizational performance will agonize, (Fiedler and House, 1988). Having mentioned of the few theorists' proof of the relationship of a

leader's influence on subordinates' performance, view of the leaders' different styles can be discussed to widen and hallmark this relationship

Transformational leaders emphasize motivation of subordinates to do more than what is expected of them focusing them. Burns, (1978) argued that transformational leaders have a more significant motivating effect on employees and are preferable to transactional leaders because they motivate employees to perform well even in situations that lack any chance of receiving formal recognition. Leader's behaviors alter the higher order needs of followers by changing their attitudes, beliefs, and values. Such behaviors are important to the leaders of senior police officers because they can directly influence rank-and-file officers and any process of change.

Transformational leadership involves also involves increase of self-confidence, continuous growth and development of talents, acting beyond self-interest in other words organization issues then individual ones later and individual stimulation among others as seen in the works of Hitt, Miller, Colella, 2011.

Chan (2005) reports that over the last few decades, organizations have had relatively significant success with various kinds of transformational leadership models. A leading example is the Kouzes and Posner's (2003) model which offered a leadership model with five distinct practices that outstanding leaders use to influence employees' performance. This model consists of some of the key elements of the transformational leadership styles.

The five practices of exemplary leadership are: (a) challenging the process: searching and seizing challenging opportunities to change, grow, innovate, and improve, with the willingness to take risks and learn from mistakes; (b) inspiring a shared vision: enlisting followers' support in a shared vision by appealing to the followers' values, interests, and aspirations; (c) enabling others to act: achieving common goals by building mutual trust, empowering followers, developing competence, assigning critical tasks, and providing continuous support; (d) Modeling the way: being a role model and being consistent with shared values; and (e) encouraging the heart: providing recognition for success and celebrating accomplishments. In today's organizations, some of the elements are lacking in our leaders, they express selfishness; spirit of team work is not as expected.

Under Engel's (2001) four supervisory styles theory, all four styles influenced subordinates to some degree but the only leadership style that was classified as a type of transformational leadership, specifically the active leadership style, was the most powerful motivator for the leader's police officers. Patrol officers who worked for active style supervisors were found to be significantly more likely to engage in proactive enforcement activity (including traffic stops) and community problem solving than patrol officers working for the other types of supervisors. Again, this evidence speaks to the effectiveness of the transformational leadership style (Johnson, 2006).

Engel asserts the active supervisory style has a significant influence on the increased likelihood of patrol officer's use of force. This discovery that

officers with active supervisors are more likely to use force is consistent with the hypothesis that supervisors with stronger supervisory styles would be more likely to sway their subordinates' behavior.

Given that active supervisors are in the field with their subordinates more and have expectations of aggressive law enforcement, it is only logical when it was determined active supervisors personally have a higher level of use of force than other leadership styles. It may seem to the subordinates that aggressive tactics may be tolerated and perhaps, even expected, by their supervisor with active leadership styles. The author also indicates these officers had higher arrest rates which may partially explain the higher rate of use of force. Additionally, the officers with active supervisors spend much more time in self-initiated, problem-solving and community-oriented activities. Therefore Engels (2000 & 2001) concludes these findings suggest the active supervisors (i.e., the transformational leader) have the most influence over their patrol officers' behavior.

2.6 Theory and precedent study Review

For periods, leadership theories have been the source of copious researches in different fields. In reality as well as in practice, many have tried define what unique qualifies that describe one as unique from the multitudes. Henceforth, a number of theories on leadership have mushroomed up as there are philosophers, researchers and professors that have studied and eventually

published their leadership theories that have become main sources of reference.

However, this study focuses on behavioral theory that is described by the styles of Leadership that a leader applies in performing his duties. Traits, virtues and qualities that one exhibits have a relationship on who will follow them. This is evidenced in Glantz (2002) as he categorizes seven leadership qualities, with rating scales of high and low performances, to determine whether people who exhibited these qualities can actualize their performances as leaders. Thus an emphasis on the need for leaders to find their styles.

Aggressive/Assertive, Adaptive supportive and Creative are the qualities that needs to be looked at to bring out the type of leader one is .For instance leaders identified as Dynamic Assertive are great change agents in an Organization; with creativity, generosity, kindness and hospitality as among others that attract many followers in performing tasks. Largely Leaders turn into team cheerleader, organizers, Initiators, implementers and otherwise support provider for ensuring set objectives materialize through the efforts of members to drive home the goal, mission and vision of the Organization.

2.6.1 Transformational-Transactional Leadership Theory

A review of Leadership Literature reveals an evolving series of schools of thought from 'Great man' theories of leaders are 'born' not made, to trait, Behavioral, situational, contingency then to Transactional and

transformational Leadership theory ². Whilst early theorists tended to focus on characteristic and behaviors of efficacious leaders, later theorists began to shift the attention the role of followers and the contextual nature of Leadership.

Behavior Theorists (Bass and Avolio1994, Bass, 1978) and Burns (1978), concentrate on what leaders actually do rather than on their qualities. Different patterns of behavior are observed and categorized as styles of Leadership. This area has attracted a great attention from practicing managers of organizations .Burns differentiates the types of leadership by the use of concepts ordinary” from “extraordinary”. Transactional leadership is based on conventional exchange relationship in which followers’ compliance (effort, productivity, and loyalty) is exchanged for expected rewards. In contrast, transformational (extraordinary) leaders raise followers’ consciousness levels about the importance and value of designated outcomes and ways of achieving them. They also motivate followers to transcend their own immediate self-interest for the sake of the mission and vision of the organization. Such total engagement of emotional, intellectual and moral) encourages followers to develop and perform beyond expectations. Transformational leadership involves the process of influencing major changes in organizational attitudes in order to achieve the organization’s objectives.

2 (Bolden 2003)

Bass (1985), operationalized the work of Burns (1978) by developing a model of transformational and transactional leadership, discussed in current publications as the “full range leadership model” (Bass and Avolio, 1997). The theory came to be referred to as a “full range leadership model” since it captures the earlier measure of Transactional in general. Transformational leaders emphasize followers’ intrinsic motivation and personal development. They seek to align followers’ aspirations and needs with desired organizational outcomes. In so doing, transformational leaders are able to foster followers’ commitment to the organizations and inspire them to exceed their expected performance whereas transactional leaders gain legitimacy through the use of rewards, praises and promises that would satisfy followers’ immediate needs (Northouse, 2010). With the growing change of interests from clients, environment-external and internal, not leaving out technology, leaders need to find solutions to the rising pressure. Some of the existing research study (Casio 1995) recommends Transformational Leadership form as remedy.

Burns(1978) described the characteristics of Transformational leader who (a)recognizes what it is one wants to from his/her work, tries to see that one gets what his/her wants if performance warrants it, (b) exchanges rewards and promises for effort; and (c) is responsive to one’s immediate self-interests if they can be met by accomplishment of tasks. Leaders reward prizes to employees that have excelled and punishment to those that have failed in achieving of the set goals. This encourages the employees to work harder.

Although transformational leadership is generally regarded as more desirable than transactional, theorists; Locke, Kirkpatrick, Wheeler, Schneider, Niles, Goldstein, Welsh, & Chah, (1999) pointed out that such contention is misleading. They argued that all leadership is Infact transactional, even though such transactions are not confined to only short-term rewards. An effective leader must appeal to the self-interest of followers and use a mixture of short-term and long-term rewards in order to lead followers towards achieving organizational goals. Laissez-faire style under transformational is considered as a non-leadership factor by Bass and Avolio 199. The leader avoids responsibilities when important issues arise and decisions, all rights and power is fully given to the worker. If the leader withdraws too much from their followers it can sometimes result in a lack of productivity, cohesiveness, and satisfaction.

Empirical Evidence on that Bass' Theory Model proves that most researchers have adopted the MLQ questionnaire in measuring Transactional and Transformational leadership with its outcomes. The instrument was widely used and empirically supported in terms of its validity and reliability through a great deal of vigorous theoretical and practical research studies Den Hartog et al. 1997; Avolio et al. 1999; Tejada et al. 2001. Notably was Lowe et al.'s study 1996, which offered the most comprehensive review of the MLQ to date by use of meta-analysis. Their efforts focused on analyzing numerous studies from a variety of organizational settings, organizational levels, and cultures. The results supported that the MLQ was a valid and reliable instrument though Carless 1998; Yulk 1999 evidences some criticisms.

With the growing trends of organization's culture, technology and environment, there is no specific style that singularly works on followers to maximize performance. Leaders need to adopt to the reform in the organization. One can switch between different styles from one moment to another given the existing literature. Therefore this study derives its basis from the behavioral Theory (Transformational-Transactional) of Leadership whose emphasis is on human relations, along with output and performance. For this is explored through different styles employed by the leaders in Kampala Capital City Authority health facilities/centers and how they actualize the performance of the employees in meeting the organizational set goals

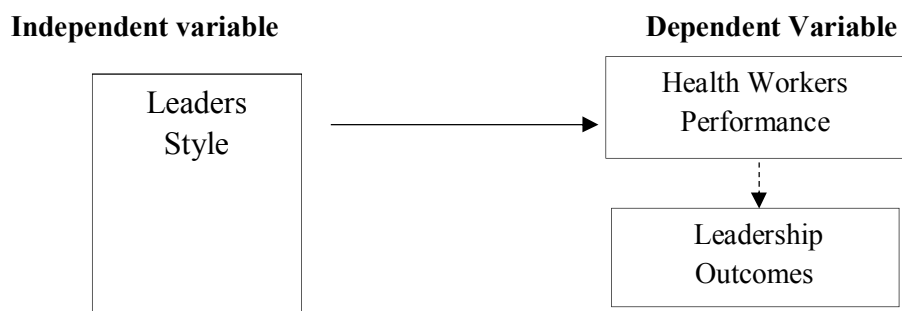
CHAPTER III: CONCEPTUAL FRAMEWORK AND METHODOLOGY

3.1 Introduction

This chapter entails the conceptual framework and the methodological context of the study. It describes the methods that were used to conduct the study including the study design, data sources, population, and data collection methods, sampling procedures, and ethical considerations

3.2 Conceptual Framework

Drawing from previous research studies the study adopted this framework to demonstrate the relationship of Health workers' performance manifested by the styles of Leadership. The effect of each style was considered to determine the impact on employee output in Kampala Capital City Authority.



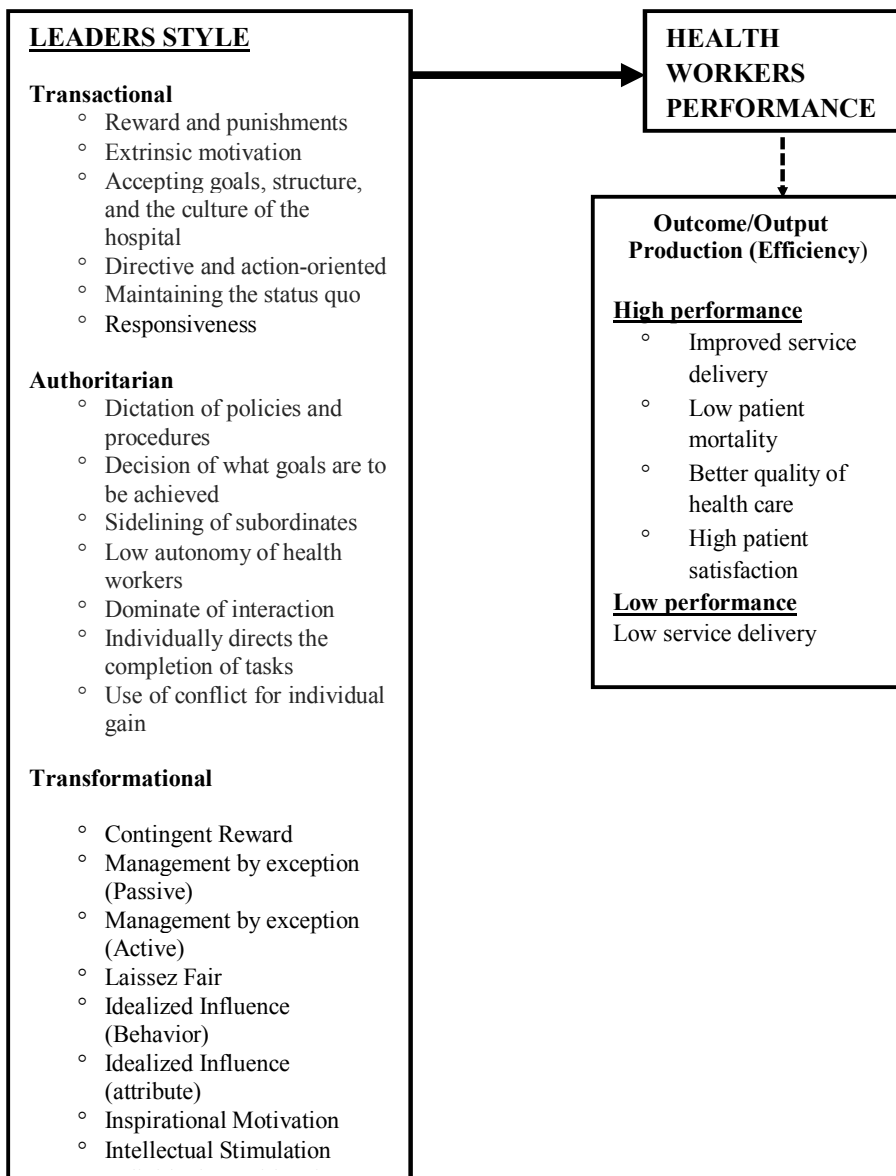
Source: Van Wart, Leadership in Public Organization, 2008:39(Modified by Author)

The General Leadership theory, Bass (1985) Transformational leadership theory fashioned on previous leadership models were derived at coming up with this framework since it is comprised of transactional and transformational leadership styles. From research the applied leadership styles in hospital are outlined as: Transactional, Transformational, Authoritarian, Democratic and Laissez-faire Leadership. Each style consists of differing dimensions like contingent rewards, idealized influence, motivation, individual, management by exception consideration among others to describe the leaders' behavior. Performance of leader is dependent on his or her leadership style to influence subordinates with vary competency level to carry out the tasks successfully according to Dockery and Steiner, 2006.

As articles and other studies on leadership show Transformational-Transactional theory, there is belief that effective leadership styles promote enhanced work environment for employees' performance measured by outcomes. Thus this theoretical framework proved suitable applicable to the study of how Leadership styles are of influence to determining the Health workers' performance in the KCCA health facilities. Having variables as; Leadership styles as Independent variable and dependent variable being Health Worker's Performance (output) in terms of efficiency measured by the targeted indicators in the survey.

Independent Variable

Dependent Variable



The Study Conceptual Framework

3.3 Research Methodology

The study adopted quantitative and qualitative approach to be able to maintain views from a relatively a large sample of respondents. Methods for collecting data in conducting the study included; a study design, data sources, study population, data collection tools and ethical concerns.

3.4 Study Design

The study design adopted was the cross sectional design combined with descriptive and analytical research design. Descriptive research design helped in establishing the characteristics of the variables and their relationships respectively while analytical research design for establishing the quantitative relationship between the independent variable and dependent variables

3.5 Study population

The study population comprised of health care workers that had administrative positions or were in charge of a particular team. Therefore the leaders in focus were from; Heads of Divisions to the technical staff-doctors, professional nurses and clinical officers from KCCA Health centers within the district of Kampala only. Strictly participants were only current KCCA HF employees that accepted to participate in the survey without any coercions or expectation of rewards in return

3.6 Data Sources

The study used Primary data straight from respondents by the use of interviewer administered questionnaires to the respondents and secondary data through the review of publications such as journal articles on employee performance and appraisal forms on employee performance in the respective areas of performance

3.7 Study Variables

Dependent Variable: Health worker performance

Independent Variables: Leadership styles;

Transformational Leadership Style; Transformational leadership is the leader's ability to motivate followers to rise above their own personal goals for the greater good of the organization

Transactional leadership; this is where leaders attempt to meet the current needs of their subordinates through bargaining and exchanging.

Authoritarian Leadership; Where a leader dictates policies and procedures, decides what goals are to be achieved, and directs and controls all activities without any meaningful participation by the subordinates

3.8 Sample Size Estimation

The following solve n's formula was used to estimate the population size since I was unable to tell the exact total population of KCCA HF workers.

$n = N / (1 + N e^2)$. Where n is the sample size (Minimum sample size respondents in the district), e = Error tolerance 0.05, N = Total population

$$850 / (1 + 600 * 0.05^2)$$

n = 272 health care leaders

However only 209 health workers were obtained due maintenance and reconstruction activities in the other centers that were excluded from study.

3.9 Sampling Procedures

Non probability and Probability Sampling designs were used to ensure representatives and avoid bias. Representation from Top, middle and operational level. In order to avoid bias and ensure representativeness, stratified random sampling was used to select the respondents. Stratification was done by parish, profession and leadership position. Using simple random sampling, health care workers were selected from each stratum based on the lists obtained from the district health offices. A total of 209 respondents were selected to participate in the study.

3.10 Compilation and Presentation of Data

Data collected was passed through several stages before analysis and these will include; compiling, sorting, editing and coding in order to have the required accuracy, quality and completeness. Editing was done the very day questionnaires were collected.

The completed questionnaires were collected from the respondents, checked for completeness, coded, entered in the computer and analyzed using the Statistical Package for Social Sciences. Statistical calculations were done using descriptive statistics. The categories “strongly disagree” and “disagree” as well as the categories “strongly agree” and “agree” was combined for data presentation and interpretation to mean “disagree” and “agree” respectively. The results were presented in the tables. The data was manipulated using cross tabulations; Pearson’s Chi square was then used to establish the relationship between the independent variables and the dependent variable.

Measurement of Variables

Leadership

Leadership was measured basing on a series of questions adopted from the modified Multifactor Leadership Questionnaire (MLQ). From this questionnaire a specific question asking the kind of leadership environment the health worker was exposed to be cross marched with the characteristics of the various leadership styles until a specific leadership style befitting the question was identified.

Health Worker Performance

Each performance appraisal factor was measured using a scale of 1-5 where 1 is regarded as low performance, 3 is the target (met performance standard) and 5 is high performance. These scores were averaged, to result into a total score. The indicators of performance where;

- a) Punctuality
- b) Working without constant supervision
- c) Taking appropriate action on problems as necessary
- d) Consultation with supervisors and co-workers
- e) Collaboration with other department members
- f) Knowledge of medical practices and policies
- g) Demonstration of appropriate interactions with patients
- h) Deal appropriately with confidential patient information.

3.11 Data Collection Methods and Tools

The study used face to face interviews to emphasize and clarify survey questions. This method gave the researcher the platform to ask semi structured questions about the kind of leadership that the health workers are under. Face to face interviewing is flexible and encourages the research participants to speak at length, introduce and articulate their own concerns (Boyce & Neale, 2006:2). The face to face interviews were done with the health staffs that were sampled.

3.11.1 Data Collection Tools

Structured Questionnaire

Data was collected adopting an already Multifactor Leadership Questionnaire (MLQ) self-administered structured questionnaire by other researchers for measuring leadership in the same study cases. This questionnaire was used to distinguish between perceived leadership styles of transformational, transactional and authoritative dimensions among the health care leaders in the KCCA HF. The transformational dimensions to be measured as: (a) Idealized Influence (attributed), (b) Idealized Influence (behavior), (c) Inspirational Motivation, (d) Intellectual Stimulation, and; (e) Individual Consideration. The Transactional dimensions ;(a) Contingent Reward, (b) Management-by-Exception (passive), (c) Management-by-Exception (active), and; Laissez-Faire. The MLQ consists of 45 items using a Likert Scale ranging from 0 to 4 (0 = not at all, 1 = once in a while, 2 = sometimes, 3 = fairly often, and 4 = frequently, if not always).

Some performance data was provided by few HF from their Performance Management System though not up to date. The performance appraisals are filled at the end of every Financial Year consists of a number of key performance areas, indicators- job outputs;

people management (including supervision and leadership); interpersonal relationships and special projects.

3.11.2 Quality Control

To ensure quality, prior to data collection, the questionnaire was pre-tested. The pre-testing of the questionnaire was done by issuing the questionnaire to three experts (human resource managers, public health specialists, and a statistician) as well as 5 experienced health care workers. This was done in order to cater for any minor modifications in the wording of items on the questionnaire that might be necessary. The questionnaires were left with the respondents to complete.

Stratified random sampling, adequate sample size and correct composition of the sample were some of the measures the researcher put in place to ensure external validity. Another measure was to collect data from all the KCCA health facilities. For measures to ensure internal validity, the construction of the questionnaire based on the study objectives, an extensive literature review in addition to the voluntary participation of the health care workers.

3.12 Ethical Issues

Since the research was involving sensitive human lives with their direct attention, ethical consideration was important before administering surveys. Having their consent builds trust between the respondents and the

researcher during the period of study as well as after (Qualitative Research Methods: A Data Collector's Field Guide, 2012:8). The following research ethics: permission, informed consent, confidentiality, and anonymity were considered as described below.

3.12.1 Permission

The researcher obtained formal Letters from The Graduate School of Public Administration Seoul National University authorities accepting the planned study and granted request to conduct the research from The Director Public Health and Environment, KCCA. The community leaders in the wards too were informed before the research activated.

3.12.2 Informed Consent

The researcher provided documents such as informed consent forms to be completed and signed by the informants before the commencement of the interview sessions. Informed consent is one of the most important tools for ensuring respect for persons during research and Written consent means that a person receives a written form that describes the research and then signs that form to document his or her consent to participate (Qualitative Research Methods: A Data Collector's Field Guide, 2012:9).

3.12.3 Confidentiality and Anonymity

Participants were told about the purpose of research, how confidentiality would be protected, that they had the right to withdraw from the study at any time without negative repercussions and that participation is done voluntarily or willingly.

Government institutions find it hard to release some information for purposes well known to them. Participants were given an assurance of confidentiality and a description of the intended use of the data. This was done to protect the individual's confidences from other persons in the setting and from the general public reading (McMillan & Schumacher, 2006:334).

Use of pseudonyms for example, "Participant 3" not real names, gives the participants assurance that they will not be identifiable in print (Leedy & Omrod, 2010:101). In this study the researcher will use numbers to refer to various participants

CHAPTER IV: DATA ANALYSIS AND FINDINGS

4.1 Introduction

In this section survey findings and analysis are presented per the concept of the research objectives. Collected data was treated to excel tabulations under different levels of analysis per the questionnaire items. Descriptive statistics (univariate and multivariate) combined with correlation, regression were the analysis used.

4.2 Demographic Survey of Respondents

Table 1: Demographic Survey of Respondents

Social Demographic characteristics	Frequency	Percentage(%age)
AGE		
18 years	1	0.5
19 – 21 years	13	6.2
22 – 25 years	107	51.2
Above 25 years	88	42.1
TOTAL	209	100
GENDER		
Male	99	47.4
Female	110	52.6
Total	209	100
MARITAL STATUS		
Married	82	39.2
Single	104	49.8
Widowed	14	6.7
Divorced	9	4.3
Total	209	100
LENGTH OF WORKING PERIOD AT THE FACILITY		
Less than a year	38	18.2

Social Demographic characteristics	Frequency	Percentage(%age)
1 - 3 years	87	41.6
More than 3 years	84	40.2
Total	209	100
RELIGION		
Christians	126	60.3
Moslems	69	33.0
Traditional Religion	14	6.7
Total	209	100
POSITIONS HELD BY RESPONDENT		
Administrator	23	11.0
Doctor	32	15.3
Nurse	29	13.9
Midwife	30	14.4
Clinical officer	34	16.3
Laboratory Technician	25	12.0
Pharmacist	14	6.7
Others	22	10.5
Total	209	100
EDUCATION LEVEL		
Completed Secondary level.	26	12.4
Completed Diploma Level	103	49.3
Completed Degree Level	61	29.2
PhD Level	19	9.1

Table 1 above summarizes the Demographical data analyzed using univariate statics (N=209). The age rage of the subject was 18-25above with the highest 51.2% (107) of age falling between 22- 25. Females were 52.6% (110), and 49.8 % (104) of the health workers were single. The biggest percentage of the respondents 41.6% (87) had worked between 1-3 years. Christians were 60.3 %(126) while 69 Muslims. Clinical officers 34 (16.3%) outnumbered other professionals, majority of staff were diplomas holders recording (93).45.8 %.

4.3 Level of Assessing Performance of the KCCA Employees by Co-workers

Table 2 : Level of assessing performance employees by Co-workers

PERFORMAN CE INDICATOR	Excell ent	Good	Satisfacto ry	Sometimes unsatisfactor y	Un- satisfactory
Arrival for work on time	106 (50.7%)	92 (44.0)	11 (5.3%)	0 (0%)	0 (0%)
Arrival for meetings on time	102 (48.8%)	93 (44.5%)	13 (6.2%)	1 (0.5%)	0 (0%)
Meeting work deadlines	101 (48.3%)	76 (36.4%)	26 (12.4%)	5 (2.4%)	1 (0.5%)
Identifies patients complications	104 (49.8%)	80 (38.3%)	13 (6.2%)	5 (2.4%)	7 (3.3%)
Proposing solutions to problems at the health facility	84 (40.2%)	86 (41.1%)	25 (12%)	6 (2.9%)	8 (3.8%)
Taking appropriate action on problems as necessary	80 (38.3%)	85 (40.7%)	26 (12.4%)	9 (4.3%)	9 (4.3%)
Setting appropriate priorities for tasks	67 (32.1%)	98 (46.9%)	25 (12%)	14 (6.7%)	5 (2.4%)
Uses time effectively	63 (30.1%)	111 (53.1%)	24 (11.5%)	7 (3.3%)	4 (1.9%)
Consultation with supervisors and co-workers as necessary	75 (35.9%)	108 (51.7%)	18 (8.6%)	4 (1.9%)	4 (1.9%)
Work without supervision as necessary	72 (34.4%)	108 (51.7%)	19 (9.1%)	7 (3.3%)	39 (1.4%)
Demonstrate effective leadership skills as appropriate	71 (34%)	98 (46.9%)	28 (13.4%)	11 (5.3%)	1 (0.5%)
Effective collaboration with other department members as necessary	78 (37.3%)	89 (42.6%)	26 (12.4%)	10 (4.8%)	6 (2.9%)

PERFORMANCE INDICATOR	Excellent	Good	Satisfactory	Sometimes unsatisfactory	Unsatisfactory
Demonstration of appropriate knowledge of medical practices & policies relevant to your position	87 (41.6%)	84 (40.2%)	23 (11%)	11 (5.3%)	4 (1.9%)
Demonstration of appropriate interactions with patients	98 (46.9%)	80 (38.3%)	17 (8.1%)	10 (4.8%)	4 (1.9%)
Deal appropriately with confidential patient information	121 (57.9%)	59 (28.2%)	17 (8.13%)	5 (2.4%)	7 (3.35%)

Findings in table 2 above, the co-workers' responses indicates 106 (50.7%) health workers' arrival on time was excellent in that none occasionally reached past the stipulated time at the facility and so was the case on response for meetings. The health workers exhibited a high performance of 102(48.8%) having only 1 (0.5%) of the respondent arriving late. Out of the total respondents, 101(48.3%) proved excellent at Meeting work deadlines while not more than 5(2.4%) fellow below unsatisfactory performance. 104 (49.8%) excellently diagnosed complications that patients suffered from while an insignificant number 7(3.3%) unsatisfactory. However, slightest decreases are noted: 86(41.1%) of the health workers being able to propose solutions to health facility problems, 85(40.7%) of the study participants reported being good at taking appropriate action on problems as required whereas 8(3.8%) is unsatisfactory. 7(3.3%) their co-

workers seldom prioritized their allotted assignments of which is a sign of inefficient performance.

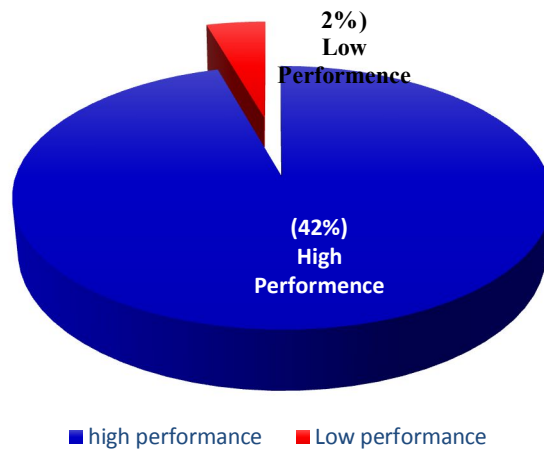
It should be noted that most of the KCCA HF were good effective time managers with the given figure; 111(53.1%). Health care workers highly held consultations among themselves as well as their supervisors whenever a need to arose; notable number of 72 respondents had co-workers who were excellent, 108 workers were good at working without supervision as necessary, while 19 workers had co-workers whose performance at working without supervision consistently meets the acceptable performance levels.

On the other side, 98(46.9%) of the respondents had co-workers whose performance was ordinary above accepted level, 71(34%) as excellent while 11(5.3%) proved unsatisfactory on demonstrating effective demonstration of leadership.

Effective collaboration with other department members, 87(41.6%) of the respondents' co-workers exhibited excellent medical expertise, awareness of policies related the positions held 98(46.9%) and 121(57.9%) of respondents respectively described their co-workers as excellent in relating with patients issues .However, 5(2.4%) acted unethical in regards to treating the information of their clients (patients) with confidence

4.4 Performance Evaluation of KCCA Health Worker

Figure 1: Performance evaluation of KCCA Health Worker



In the above pie chart figure; 42 %(excellent) is the representation of the health workers whose performance was outstanding whereas 2% (unsatisfactory) never scored to the required standards

4.5 Level of Absenteeism in KCCA Health Facilities

Table 3: Level of Absenteeism in KCCA HF

PERFORMANCE INDICATOR	All of the time	Most of the time	Some of the time	A little of the time	None of the time
In the past 4 weeks, how many days did you miss an entire day of work because of problems with your physical or mental health	13 (6.2 %)	20 (9.6%)	22 (10.5 %)	74 (35.4%)	80 (38.2 %)
In the past 4 weeks, how many days did you miss an entire day of work because of any other reason	8 (3.8%)	13 (6.2%)	33 (15.8%)	76 (36.4%)	79 (37.8%)
In the past 4 weeks, how many days did you miss part of a work day because of problems with your physical or mental health	14 (6.7%)	18 (8.6%)	28 (13.4%)	65 (31.1%)	84 (40.2%)
In the past 4 weeks, how many days did you miss part of a work day because of any other reason	11 (5.2%)	19 (9.1 %)	37 (17.7 %)	59 (28.2%)	83 (39.7%)

As depicted in the table, 9.6% (20) recorded full day off duty, while 6.2% worked half- day, 6.2%(13) of the respondents were missing at work stations at all times .However, it should be noted that health workers seem to be present for work except when they are ill. It is only a small number 11(5.2%) marked absent for non-physical or mental illness.

4.6 Supervisors Different Styles of Leadership Practiced in KCCA HF

Table 4: Supervisors' Leadership styles in KCCA HF

LEADERSHIP STYLES	Not at all	Once in a while	Sometimes	Fairly often	Frequently
Leaders in this facility avoid getting involved when important issues arise (Transactional)	16 (7.7%)	78 (37.32%)	85 (40.7%)	25 (12%)	5 (2.3)%
Leaders in this facility talk about our most important values and beliefs (Transactional)	25 (12%)	57 (27.27%)	48 (22.8%)	37 (17.70%)	42 (20.10%)
Leaders in this facility seek differing perspectives when solving problems (Transactional)	18 (8.61%)	66 (31.6%)	95 (45.5%)	29 (13.9%)	1 (0.5%)
Leaders in this facility seek discuss in specific terms who is responsible for achieving performance targets (Transactional)	17 (8.1%)	73 (34.9%)	58 (27.8%)	45 (21.5%)	16 (7.7%)
Leaders in this facility wait for things to go wrong before taking action (Transactional)	15 (7.2%)	56 (26.8%)	69 (33%)	23 (11%)	46 (22%)
Leaders in this facility talk enthusiastically about what needs to be accomplished (Transformational)	16 (7.7%)	60 (28.7%)	70 (33.5%)	40 (19.1%)	23 (11%)
Leaders in this facility spend time teaching and coaching (Transformational)	21 (10%)	58 (27.8)	75 (35.9%)	41 (19.6%)	14 (6.7%)

LEADERSHIP STYLES	Not at all	Once in a while	Sometimes	Fairly often	Frequently
Leaders in this facility seek show that we as workers are firm believers in ‘If it ain’t broke, don’t fix it.’ (Authoritative)	30 (14.4%)	50 (23.92%)	72 (34.5%)	40 (19.14%)	17 (8.13)
Leaders in this facility concentrate their attention on dealing with mistakes, complaints and failures (Authoritative)	19 (9.1%)	60 (28.7%)	78 (37.3%)	41 (19.6%)	11 (5.3%)
Leaders in this facility go beyond self-interest for the good of Leader the group (Transformational)	12 (5.7%)	62 (29.7%)	63 (30%)	48 (23%)	24 (11.5%)
Leaders in this facility concentrate their full attention on dealing with mistakes, complaints, and failures (Authoritative)	20 (9.6%)	54 (25.8%)	65 (31.1%)	48 (23%)	22 (10.5%)
Leaders in this facility consider the moral and ethical consequences of decisions (Transformational)	17 (8.13%)	75 (35.9%)	59 (28.23%)	41 (19.62%)	17 (8.13%)
Leaders in this facility direct their attention toward failure to meet standards (Transformational)	20 (9.6%)	54 (25.84%)	68 (32.54%)	41 (19.62%)	26 (12.44%)
Leaders in this facility consider a subordinate as having different needs, abilities and aspirations from others (Transformational)	50 (23.92%)	69 (33.01%)	54 (25.84%)	24 (11.5%)	12 (5.74%)
Leaders in this facility express suggest new ways of looking at how to complete	11 (5.3%)	46 (22.01%)	83 (39.7%)	44 (21.05%)	25 (11.96%)

LEADERSHIP STYLES	Not at all	Once in a while	Sometimes	Fairly often	Frequently
assignments (Authoritative)					
Leaders in this facility express delay responding to urgent questions (Authoritative)	18 (8.6%)	47 (22.5%)	82 (39.2%)	39 (18.7%)	23 (11%)
Leaders in this facility express satisfaction when others meet expectation (Transformational)	13 (6.2%)	56 (26.8%)	83 (39.7%)	48 (23%)	9 (4.3%)
Leaders in this facility express confidence that goals will be achieved (Transformational)	12 (5.7%)	64 (30.62%)	75 (35.62%)	45 (21.53%)	13 (6.22)
Team Leader sets high standards (Transformational)	9 (4.3%)	55 (26.3%)	101 (48.3%)	29 (13.9%)	15 (7.2%)

Sought ratings in the above table 4 indicate; 2.3% (5) health workers had Supervisors who often avoid taking part important issues arise. Common emphasis on important beliefs and values is exhibited, only 12% (25) of the supervisors fail to talk about them. 8.61% (18) supervisors never at all sought differing perspectives when solving problems. 34.9% (73) of the health workers' supervisors once in a while assign specific tasks to certain individual for making sure that the set performance targets are realized. A significant digit 22 % (46). Responded that their supervisors are a kind –“waiting for the foot to rot before treatment.” They take action only when problems have worsened not in the initial stages. Generally no preventive measures.

A noteworthy number of the entire population, 7.7% (16) said their supervisors do not at all express enthusiasm when discussing required tasks to

be accomplished. 35.9% (75), their supervisors spared time teaching and coaching them on what needs to be done. 34.5 % (72) of the respondents were sometimes viewed as firm believers of “If it ain’t broke by Supervisors.

Once in a while 28.7 % (60) supervisors acted in ways that were beneficial for the whole group that is “going beyond self-interest.” On the other hand 5.7% (12) supervisors did not at all present themselves to supervisees in an ethical way that would earn them respect. 31.1 % (65) disclosed sometimes supervisors show commitment to clients’ complaints, mistakes and failures with an objective of achieving the set goals. 28.23% (59) prioritize ethical consequences in every decision making process.

Further 19.62% (41) had supervisors who fairly often focused attention to failures in meeting the KCCA HF’s standards supervisors, 11.5% (24) viewed subordinates had different needs, abilities, and aspirations from others and 39.7% (83) have creative supervisors who sometimes come up with unique ways of completing assignments. A frequent Snail pace response by supervisors to urgent questions is noticed at 11% (23), while only 8.6 (18) did not all take delays in response. 35.62 % (75) supervisors were sometimes optimistic that goals would be achieved whereas 5.7 % (12) not all expressed confidentiality in achieving them. Finally majority 48.3% (101) of Health workers’ supervisors sometimes set high standards for the team in meeting the performance targets

4.6.1 Frequency Distribution of KCCA Leader's Style Adopted at the HF

Figure 2: Frequency distribution of KCCA Leader's styles

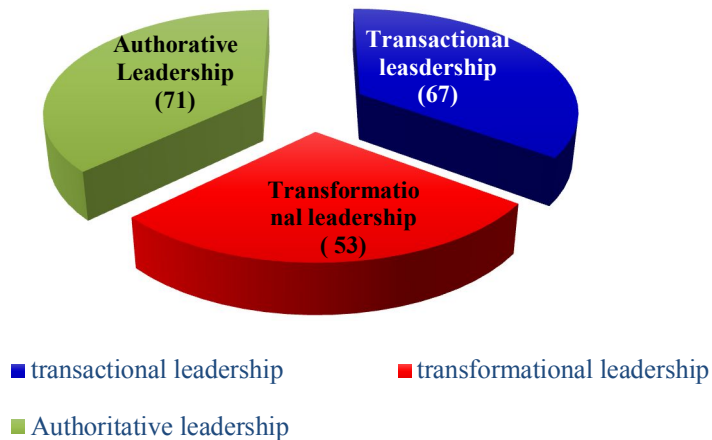
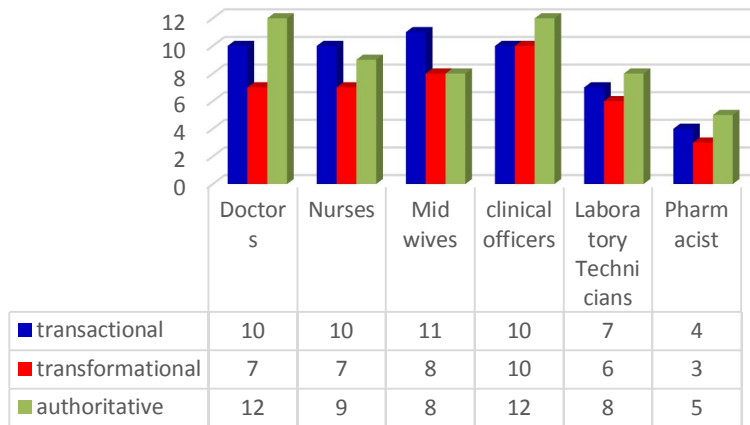


Figure 2 above 34.3 % (71) health workers showed that their supervisors depicted authoritative leadership, 32.7 % (67), transactional and 25.4 % (53) transformational thus making it the least used per the sampled respondent

4.6.2 Significant Leadership Styles and Category of Workers using them

Figure 3: Significant Leadership styles of Supervisors in KCCA



The above bar chart represents the leadership styles of leaders that proved to be significant and their general distribution in a categorical manner. For instance 10 *Doctors* depicted that their supervisors used transactional leadership, 7 transformational while 12 were for authoritative leadership; 10 *Nurses* depicted that their supervisors used transactional leadership 7 transformational, while 9 used Authoritative leadership; 11 *Midwives* depicted that their supervisors used transactional leadership, 8 used transformational and 8 used authoritative leadership; 10 *Clinical Officers* depicted that their supervisors used transactional leadership, 10 transformational, 12 authoritative leadership; 7 *Laboratory Officers* depicted that their supervisors used transactional leadership, 6 used transformational, while 8 used authoritative leadership ; 4 *Pharmacists* depicted that their supervisors used transactional leadership, 3 transformational, while 5 used authoritative leadership.

Table 5: Supervisor's Leadership-styles in KCCA HF

LEADESHIP STYLES	POSITION HELD IN THE HOSPITAL					
	Doctors	Nurse	Mid wife	Clinical officer	Lab. technician	Pharmacists
Authoritative	12	9	8	12	8	5
Transformational	7	7	8	10	6	3
Transactional	10	10	11	10	7	4
Total	29 (90.63%)	26 (89.7%)	27 (90%)	32 (94.12)	21 (84.0%)	12 (85.71%)

The results in the table above summarizes the three leadership styles as per the positions held by the Health workers in the Health Facilities. Authoritative leadership was used mostly used by supervisors of Doctors and clinical offices, followed by Laboratory technicians and a small number of Pharmacists. Clinical officers mostly succumbed to transformational whereas transactional leadership was applied by Midwives, Doctors, and Nurses' supervisors

4.6.3 Impact of Leader's Style in Relation to Employees

Performance at KCCA HF

Regression Analysis

Table 6: Overall Leadership and Performance

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.155 ^a	.024	.019	.59122

a. Predictors: (Constant), leadership

b. Dependent Variable: performance

Coefficients ^a						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	3.589	.261		13.731	.000
	leadership	.202	.089	.155	2.263	.025

a. Dependent Variable: performance

Table 7: Correlation Analysis

Correlations			
		Leadership	performance
Leadership	Pearson Correlation	1	.155*
	Sig. (2-tailed)		.025
	N	209	209
Performance	Pearson Correlation	.155*	1
	Sig. (2-tailed)	.025	
	N	209	209

* Correlation is significant at the 0.05 level (2-tailed).

Tables 5 with given results as $p=0.155$ which is the same as the regression coefficient $r=0.155$ indicates there is a weak positive correlation between general leadership and performance with a 2.4% variation.

Therefore the significance of the relationship between leadership styles on health workers' performance is standing ground to support the alternative hypothesis and reject rejection of the null one which does not mean that the observed correlation coefficient is strong but at least never resulted to zero.

Correlation Results of Main control variables

Table 8: Main Independent variables

Model 1		Transactional leadership average	Transformational leadership average	Authoritative leadership average	Mean of performance
transactional leadership average	Pearson Correlation	1	.402**	.398**	.104
	Sig. (2-tailed)		.000	.000	.134
transformational leadership average	Pearson Correlation	.402**	1	.578**	.121
	Sig. (2-tailed)	.000		.000	.080
authoritative leadership average	Pearson Correlation	.398**	.578**	1	.124
	Sig. (2-tailed)	.000	.000		.075
the mean of performance	Pearson Correlation	.104	.121	.124	1
	Sig. (2-tailed)	.134	.080	.075	

**. Correlation is significant at the 0.01 level (2-tailed).

The performed correlational analysis shown in table 6, $p < 0.1$ (10%) is the significance level thus taking this as my benchmark. Transactional leadership is non-significant at $p < 0.1$ (10%). However, both transformational and authoritative leadership are significant at 10% ($p < 0.1$). Also the standardized coefficients of transformational are very similar in size (0.121 and 0.124) while transactional smaller at 0.104. Effect of two leadership styles serves proof that a leader's style has an effect on the health workers performance in KCCA HF. Hence justification of the adopted model

Correlations Results of Main and Control variables

Table 9: Main and control variables

		Transactional	Transformational	Authoritative	Age	Work period	Education	Performance
Transactional leadership average	Pearson Correlation	1	.402**	.398**	-.102	-.166*	-.030	.104
	Sig. (2-tailed)		.000	.000	.142	.017	.667	.134
Transformational leadership average	Pearson Correlation	.402**	1	.578**	-.059	-.091	-.020	.121
	Sig. (2-tailed)	.000		.000	.395	.190	.779	.080
Authoritative leadership average	Pearson Correlation	.398**	.578**	1	-.085	-.133	.006	.124
	Sig. (2-tailed)	.000	.000		.219	.055	.931	.075
Age of respondent	Pearson Correlation	-.102	-.059	-.085	1	.551**	.416**	.253*
	Sig. (2-tailed)	.142	.395	.219		.000	.000	.000
How long the respondent has worked at the health facility	Pearson Correlation	-.166*	-.091	-.133	.551*	1	.298**	-.015
	Sig. (2-tailed)	.017	.190	.055	.000		.000	.825
The education level of the respondent	Pearson Correlation	-.030	-.020	.006	.416*	.298**	1	.340*
	Sig. (2-tailed)	.667	.779	.931	.000	.000		.000
The mean of performance	Pearson Correlation	.104	.121	.124	.253*	-.015	.340**	1
	Sig. (2-tailed)	.134	.080	.075	.000	.825	.000	

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

Regression Results of Combined Variables

Table 10: Regression of combined variables

Coefficients ^a						
Models		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	3.608	.276		13.083	.000
	transactional leadership average	.058	.086	.053	.681	.497
	transformational leadership average	.070	.099	.061	.704	.482
	authoritative leadership average	.065	.084	.067	.775	.439
2	(Constant)	2.650	.345		7.685	.000
	transactional leadership average	.059	.079	.053	.746	.457
	transformational leadership average	.080	.091	.070	.886	.377
	authoritative leadership average	.051	.077	.052	.656	.513
	age of respondent	.260	.077	.269	3.373	.001
	How long the respondent has worked at the health facility	-.188	.063	-.231	-3.003	.003
	the education level of the respondent	.220	.051	.299	4.284	.000

a. Dependent Variable: the mean of performance

Tables 7 shows the results from using combined main independent with demographic (control) variables which could be having an effect on performance other than leadership styles.

Regression: $Y = 2.650 + 0.059_{x1} + 0.080_{x2} + 0.051_{x3} + 0.260_{x4} - 0.188_{x5} + 0.220_{x6}$

Unstandardized coefficient of Education shows B = 0.260 and age B = 0.220

which implies an existence of significance influence on performance whereas the main independent variables (authoritative, transactional and transformational) are all statistically non-significant but their coefficient is positive. Also the unstandardized coefficient results: Transactional ($\beta = 0.053$), transformational ($\beta = 0.070$), authoritative ($\beta = 0.052$), age ($\beta = 0.269$), working period ($\beta = -0.231$), and education ($\beta = 0.299$). Education has the strongest effect on performance of the employees in KCCA health facilities.

The statistical Positive coefficient of leadership styles could have resulted from two issues: Probably the three leadership styles were highly correlated with each other thus hard to isolate one effect. Also there were no many observations to control that may not be with statistical significance.

CHAPTER V: DISCUSSION OF RESULTS

5.1 Introduction

This section entails discussion from the study findings mentioned in chapter four of which they are arranged in sequence of the research questions

5.2 To identify Leaders' Different Styles and the Kind of Employees in KCCA using them

The most used leadership styles at the KCCA health facilities were authoritative reading 34% (7), transactional leadership styles 32.7% (67) and transformational (25.4%) as the least used. Usually authoritarian Leadership Style is characterized by a leader who makes all the decisions and passes the directives to subordinates who are expected to carry these out under very close supervision (Brennen, n.d.). such leaders normally discourage subordinate employees from questioning the validity of any directives given; it dissociates group members, leads to non-development of employees and involves convenience of use instead of round tabling quandaries making it inappropriate for a health care setting where team work is paramount. Doctors and clinical officers followed by Laboratory technicians and a small number of Pharmacists were the health cadre that practiced it

Transactional leadership as the second significant style in the KCCA hospitals, was used by supervisors of Midwives, Doctors, and Nurses. In this

type of leadership, there is a tendency of leading an organization where, through routine transactions such as rewards and punishments, and tasks getting accomplished. The leaders who use this must might have had transactions conducted between them and the subordinate staff members because this style is grounded on the theory that workers are motivated by rewards and discipline. However this type of leadership has some limitations for instance transactional health care leaders generally do not look ahead in strategically guiding a health facility to a position of market leadership; instead, they are solely concerned with making sure everything flows smoothly today. On the positive side though, a transactional leadership style can work well with front line supervision of low-skilled staff, such as the nursing staff nurse or a nurse who directly supervises nursing assistants in the long term care setting. Although the transactional style of leadership may lead to compliant workers who obey directives, it can thwart independent thinking and creativity in more skilled employees.

As for transformational leadership seemed unpopular in KCCA health facilities although Sofarelli (2007), regards it as of the most used styles in the health care industry since health care requires enhancement of the performance capacity of other health workers by setting higher expectations and generating a greater willingness to address more difficult challenges. Transformational leaders continuously show concern for their subordinates' needs, treat them with respect and utilize a flexible approach towards them. In this style the leaders, is recognized as a model, an individual who provides a vision and upholds principles that maintain and further the organizational

mission. The leader's vision is pursued with confidence, determination and focus. When it comes to KCCA, the style was mostly exhibited in the supervisors; of Clinical officers followed by Midwives, Nurses, Doctors and Pharmacists. These leaders talked enthusiastically about what needs to be accomplished, spent time teaching and coaching, went beyond self-interest for the good of the group, and considered moral - ethical consequences of decisions, well-thought-out a subordinate as having different needs, abilities, and aspirations from others. Leaders expressed confidence that goals will be achieved and Satisfaction whenever others met expectations.

5.3 Determine the Performance Distribution Level of Health care Employee's Performance

The study results to this research question show that 87(42%) of the respondents their performance consistently met or was above acceptable performance levels while the other 4(2.0%) their performance was below the acceptable level. This is an indication of fairly high performance amongst the health workers although a considerable number of them fell in the category of low performance (2%). This finding is contrary to what has been found by other researchers in Uganda where it was shown that the health sector had low performing health workers (Matsiko, 2005; UBOS, 2009; MOH, 2009; Matsiko, 2001).

The low performance among the 2% could be related to the practice environment conditions in the KCCA health facilities like motivation,

retention, salaries and management, leadership and management, conducive and safe working environment, professional values and ethical practices, health worker incentives, and probably performance management and situational constraints. Situational constraints are contextual factors within and outside the organization that most likely affected the performance of health workers at the KCCA health facilities. They include organization factors, working environment, and economic factors. Such factors may consist of rigid organizational rules, lack of cooperation among co-workers in solving complex tasks, and absenteeism among others all of which could be prevalent KCCA institutions.

Available literature points out a number of other factors with a particular influence on health worker performance at individual, institutional, and community levels and this could have also applied to the low performing health workers at the KCCA health facilities. One of the most significant individual level components of health worker performance is intrinsic motivation. Feelings of altruism or religious duty can fuel this type of internal drive. Previous research has found that health workers with a strong professional conscience experience significant demotivation when work conditions, such as lack of appropriate supplies, prevent them from providing high-quality service (Mathauer, 2006).

At the institutional level, some health worker performance could have been influenced by factors related to especially human resources like supervision and management support and relationships with other health

workers. Institutional factors related to working conditions could have come into play for example the availability of supplies and equipment at a certain period of time, the ability to provide quality service, and the scope and clarity of worker responsibilities. Taking into account of the community level, factors that could have affected health worker motivation include community acceptance of and support for health workers as well as the stigma of working with people who may be with physical disabilities or infected with HIV/AIDS. However the fact that most of the health workers had high performance indicators, implies that KCCA health facility management teams have endeavored to streamline the Human Resource and work environment in the facilities to perpetuate maximum performance from the health workers

5.4 The Influence of Leaders' Styles on Health Worker Performance

The results obtained showed a significant influence on performance of health workers in KCCA. However, the relationship of these two variables has been statically proven as positively weak but not zero. Out of the three styles under study, transformational and authoritative leadership styles exhibited significant influences on health worker performance. Transformational had leaders who went beyond self-interest for the good of the group, considered the moral and ethical consequences of decisions, directed their attention toward failures to meet standards, considered a subordinate as having different needs, abilities, and aspirations from others,

expressed satisfaction when others meet expectations, and those who express confidence that goals will be achieved used transformational leadership skills and were more likely to have high performing health workers. This is because transformational leaders can ably raise the consciousness of subordinates by appealing to higher ideals and values, and moving the focus of followers away from their self-interests encouraged by transactional leadership. In other words, the leader encourages their subordinates to consider their actions beyond simply “what is in it for them.” This creates a feeling of service above self, making the subordinates to be more devoted towards achieving the mission and goals of the health facility and thus making them to perform better in that endeavor. Like in this study, a study of 252 MBA students, transformational leadership was associated with a higher level of team cohesiveness as compared to transactional leadership. Both knowledge level and team cohesiveness predict team performance, particularly among men (Stashevsky and Koslowsky, 2006).

Additionally, transformational leaders exhibit intellectual stimulation, challenging those working under them to question the status quo and to address difficult problems by coming up with new or innovative solutions. In so doing, leaders support subordinates in their efforts, while encouraging them to demonstrate initiative and independent problem solving skills. The leader encourages subordinates to be resourceful and innovative. In healthcare, leaders challenge subordinates to develop new, more efficient ways to provide medical care to patients, perhaps by improving specialist-primary care

communication, thus improving outcomes, saving time and conserving resources.

The use of idealized influence by the leaders represents role-modeling behavior where the leader instills pride, faith, and respect, and has a gift for seeing what is really important, and transmits a sense of mission, raising the expectations and beliefs of their follower concerning the mission and vision. Such leaders encourage their subordinates to bring creative viewpoints to work and stimulate a team vision through positive motivation. With regards to the law enforcement arena, the transformational leader expects their subordinates to be more occupied with problem solving and community-oriented policing which more often than not equate to lower statistics. Finally, transformational leaders enhance the performance capacity of their followers by setting higher expectations and generating a greater willingness to address more difficult challenges making them work better.

Authoritative leadership as earlier mentioned in the literature, such leaders are characterized by individual control over all decisions and little input from group members (subordinate health workers). This could justify the weak relationship for they normally make choices based on their personal ideas and judgments and rarely accept advice from followers, leading to, and authoritarian control over a group. This in a health care setting cannot achieve maximum productivity since health care workers are usually trained to work as a team and thus without group cohesiveness, there can be hardly any productivity.

The other reason for this weak association is because people who use autocratic leadership style are often viewed as bossy, controlling, and dictatorial, which can show the way to resentment among group members. Given that autocratic leaders make decisions without consulting the group, these employees may distaste that they are powerless and unable to contribute innovative ideas to the group. Researchers have also found that autocratic leadership often results in a lack of creative solutions to problems, which can ultimately hurt the performance of the group

Transactional leadership statistically had no significant influence on the performance of the health workers. This is because such leaders focus on achieving goals when they are motivated or rewards for their services, even though people have clear work objectives, right skills, and a supportive work environment, they would not get the job done without sufficient motivation to achieve those work objectives (Mullins, 2006). In their way of executing duties, there is an attempt to meet the current needs of their subordinates through bargaining and exchanging and do not attempt to change followers' attitudes, values, growth, and development on a long-term basis.

The transactional leaders at the KCCA health faculties would have given contingent rewards to their subordinates through offering raises or promotions both of which can result into higher work productivity. However the weakness of this leadership style is that employees are not invested in their work once rewards become unavailable, it is difficult to continue to motivate them (Johnson, 2006).

The other variables that had an effect on performance were age and education. Out of the sampled staff majority were between not above 25 years of age, Diploma holders and only 19 had achieved Ph.Ds. This is in conformity with Judge (2004) emphasis on knowledge, skills, abilities, and traits gained in the healthcare professions through pre-service education, in-service training, and work experience for one to be competent in performing the assigned duties.

CHAPTER VI: CONCLUSION AND RECOMMENDATIONS

6.1 Introduction

This section presents conclusions, highlight of limitations and policy and research recommendations based on research findings

6.2 Conclusion

As the research findings suggest, there is an agreement that a leader's style of leadership affects an employee's performance. Considering results from general leadership average and performance, correlation is significant at .05 level 2 tailed. However, the strength of the relationship of these two variables could not provide a strong reliable value of one variable (leadership styles) corresponding to a particular value of the other (performance).

Also on testing the hypothesis with the statistical figures

(Ha) $p=0.155$ and (Ho) $r=0.155$, satisfies that the relationship between leadership styles on health workers' performance is positive though weakly but not zero, thus disapproving the null hypothesis and accepting the alternate hypothesis, which does not mean that the observed correlation coefficient is strong in estimating the value.

Authoritative and transformational were significant at 10% while transactional was not. The supervisors that employed authoritarianism scored greatly highly, followed by transactional lastly transformation The varying

distribution levels in performance are due to certain factor(s) that KCCA management need to look into.

6.3 Research Limitations

Like any other research, the study in KCCA health facilities had its limitations. The major one being delayed responses to the forms of communication used. For instance emails and a letter requesting for authority to conduct the proposed study in KCCA took a couple of weeks. This gave a rise to budget constraints conducting interviews with somewhat of rescheduling, back and forth several calls were made amidst technological challenges in terms of clarity and unavailability of telephone networks in Uganda. However, some of these defies were anticipated therefore accordingly handled so as not to interrupt and adversely affect the study.

It is worth noting that this study primarily banked on self-survey questionnaire that is somehow associated with biased in a way that the evaluation might not be genuine. The researcher tried abating bias by interpreting the questions that seemed hard for them to interpret, emphasized confidentiality to every information offered.

The expected number of respondents was less since half of the centers in KCCA jurisdiction were surveyed. This was due to the renovation and maintenance at some of the facilities as mentioned in the earlier chapters. Even the few surveyed, had staff that did not show willingness to participate in responding to the survey questions.

6.4 Policy and Further Research Recommendations

KCCA should organize leadership workshops and offer trainings (refresher courses) on leadership to all personnel in different health centers. Like a plant needs watering throw-out its growth, so is the workforce of every institution. Health workers should be encouraged to upgrade on their educational levels to acquire more knowledge and cope up with the ever changing environments and economies.

More a reduction on application of Authoritative leadership styles by KCCA is recommended. This is not in bad faith that the style has no positive results but can be applied in only appropriate situations. Infact a balance of the three styles of leadership (transactional, transformational and authoritative) needs to be employed by managers, supervisors and subordinates in order to achieve organizational objectives, goals and better service delivery.

If any researcher may again have the interest of conducting the same study, I recommend a different case study. Perhaps he/she applying an approach with a different model and methods. Since the analysis results on demographic (sex and education) variables generated a positive significance on employee performance, hence a prerequisite having them included to give the study more implications

Further research may be focused on other performance tools like PMS (Performance Management Systems) centering on accurate maintenance of the employee database for proper planning, keeping track of employees record. Available computerized data obviously have a higher validity and less

biased to the users. Reliability on hard copies is so hectic in evaluating employee's performance, feedback follow up and time consuming. Therefore a study in this area would be of great impact in terms of coordination, accountability and effective monitoring in achieving the organizational goals.

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APPENDIX:

CONSENT FORM

INTRODUCTION

My name is Rose Kokunzire Namara, a Global Master's Public Administration (GMPA) student at Seoul National University (SNU) in Seoul, Korea. Am conducting a study on **“The Influence of Leadership styles on Employee Performance in Uganda: Study of KCCA Health Facilities”**. The purpose of my study is to write my thesis. However, the findings will enable the Health Administrators and relevant policy makers in designing better strategies and approaches to higher employee performance and a promising Health sector in Uganda.

Description of procedure

You will be interviewed in private and asked some questions concerning the leadership styles that you exhibit in the execution of your day to day activities in this Health Facility.

Voluntary participation

You do not have to answer any questions that you do not want to respond to; and you may end this interview at any time you want to. However, your honest answers to these questions will help us better understand leadership issues raised in this survey.

Risk, Confidentiality and Consent:

I am going to ask you some personal questions and request you to feel free to respond to those you are comfortable with. Any personal identification will be omitted so that you will not be identifiable. The interview and study responses will be kept confidential; available only to the research team for analysis purposes. Gathered information from this study can be made available to you upon request.

Any Questions

This study has been approved by Seoul National University, Korea. If you have any questions about this study I will be glad to answer them now. Do you agree to participate in the study?

YES.....

.NO.....

Signature of Interviewer
Date

Printed name

HEALTH WORKER QUESTIONNAIRE

PART A: Socio demographic characteristics

1. Age of the respondents

1. 18 years
2. 19 – 21 years
3. 22 – 25 years
4. Above 25 years

2. Gender of respondent

1. Male
2. Female

3. What is your marital status?

1. Married
2. Single

3. Widowed

4. Divorced

4. For how long have you worked in this health facility?

1. Less than 1 year

2. 1 – 3 years

3. More than 3 years

5. What is your religion?

1. Christian

2. Muslim

3. Traditional religion

6. What is your position in this health facility?

1. Administrator

2. Doctors

3. Nurse

4. Midwife

5. Clinical officer

6. Laboratory technician

7. Pharmacist

8. Others.....

7. What is your education level?

1. Completed Secondary level.

2. Completed Diploma Level.

3. Completed Degree Level

4. PhD Level.

PART B: Assessment of the level of health worker performance in KCCA health facilities

Please complete the table below by selecting the rating that best describes your performance on each item, as you observe it.

The evaluation scale has five (5) possible ratings:

The evaluation scale has five (5) possible ratings:

EXCELLENT: Performance is consistently above acceptable performance levels

GOOD: Performance is occasionally above acceptable performance levels and otherwise meets acceptable performance levels

SATISFACTORY: Performance consistently meets acceptable performance levels

SOMETIMES UNSATISFACTORY: Performance is occasionally below acceptable performance levels but otherwise meets acceptable performance levels

UNSATISFACTORY: Performance is consistently below acceptable performance levels

Performance indicator	Excel lent	Good	Satisfacto ry	Sometimes unsatisfacto ry	Unsatis factory
Arrival for work on time					
Arrival for meetings on time					
Meeting work deadlines					
Identifies patients complications					

Proposing solutions to problems at the health facility					
Taking appropriate action on problems as necessary					
Setting appropriate priorities for tasks					
Uses time effectively					
Consultation with supervisors and co-workers as necessary					
Work without supervision as necessary					
Demonstrate effective leadership skills as appropriate					
Effective collaboration with other department members as necessary					
Demonstration of appropriate knowledge of					

medical practices and policies relevant to your position.					
Demonstration of appropriate interactions with patients					
Deal appropriately with confidential patient information					

ABSENTEEISM SCALE ITEMS

Use the following key;

5 = All of the time / 4 = most of the time / 3 = some of the time / 2 = a little of the time / 1 = none of the time

1. In the past 4 weeks, how many days did you miss an entire day of work because of problems with your physical or mental health?

2. In the past 4 weeks, how many days did you miss an entire day of work because of any other reason?

3. In the past 4 weeks, how many days did you miss part of a work day because of problems with your physical or mental health?

4. In the past 4 weeks, how many days did you miss part of a work day because of any other reason?

PART C: Leadership styles used in the hospital

This section will help you describe the leadership style of the leadership in this hospital as you perceive it. Starting with the first question, judge how frequently each statement is with your leaders.

Use the rating scale below:

Not at all	Once in a while	Sometimes	Fairly often	Frequently, if not always
0	1	2	3	4

Leaders at this Hospital

- | | | | |
|---|--------|--------|--------|
| 1. Avoid getting involved when important issues arise | 0
3 | 1
4 | 2 |
| 2. Talk about our most important values and beliefs | 0
3 | 1
4 | 2 |
| 3. Seek differing perspectives when solving problems | 0
3 | 1
4 | 2 |
| 4. Discuss in specific terms who is responsible for achieving performance targets | 0
3 | 1
4 | 2 |
| 5. Wait for things to go wrong before taking action | 0
3 | 1
4 | 2 |
| 6. Talk enthusiastically about what needs to be accomplished | 0
2 | 1
3 | 2
4 |
| 7. Spend time teaching and coaching | 0
3 | 1
4 | 2 |
| 8. Show that we as worker are firm believers in "If it ain't broke, don't fix it." | 0
4 | 1
2 | 2
3 |
| 9. Go beyond self-interest for the good of the group | 0
3 | 1
4 | 2 |
| 10. Act in ways that build employees respect for them | 0
3 | 1
4 | 2 |
| 11. Concentrate their full attention on dealing with mistakes, complaints, and failures | 0
3 | 1
4 | 2 |
| 12. Consider the moral and ethical consequences of decisions | 0
2 | 1
3 | 2
4 |

13. Direct their attention toward failures to meet standards	0	1	
	2	3	4
14. Consider a subordinate as having different needs, abilities, and aspirations from others	0	1	2
	3	4	
15. Suggest new ways of looking at how to complete assignments			0
	1	2	3
	4		
16. Delay responding to urgent questions	0	1	2
	3	4	
17. Express satisfaction when others meet expectations	0	1	2
	3	4	
18. Express self-confidence that goals will be achieved	0	1	2
	3	4	
19. Team Leader sets high standards	0	1	2
	3	4	

REF : SNU-GSPA-GMPA 2015-0020

6 August, 2015

The Director Public Health and Environment,
Kampala City Council Authority (KCCA)
KAMPALA- Uganda

Dear Sir/ Madam,

RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH STUDY

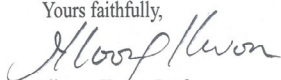
The Graduate School of Public Administration (GSPA), Seoul National University (SNU), Republic of Korea, do certify that Miss. Rose Kokunzire Namara Reg No. 2014-23741 is a student of Seoul National University. She was awarded SNU Global Scholarship Program in 2014 and has been studying in Global Master of Public Administration (GMPA) Course since August, 2014.

Miss Rose has embarked on her approved thesis titled **"Influence of Leadership Styles on Health Workers Performance in Uganda (Case Study: Kampala City Council Authority Hospital)"** as part of the requirements for the award of a Master's Degree of this University. I wish to request you to kindly allow her to do research within your organization. Tentative time for collecting data will be August-September 2015. Her data collection tools are; survey (questionnaire attached), interviews and secondary data (employee's performance reports) in the Health Centers/hospitals

I wish to recommend her to you, the commitment on your part being simply to assign the student to staffs in your Health Centers/ hospital who are expected to answer questions that are relevant to her research. As an outcome of this, the University expects the student to write her research paper and to develop specific technical expertise in her area of specialization.

Your positive response to this request will highly be appreciated

Yours faithfully,



Illoong Kwon, Professor
Thesis Advisor,
Graduate School of Public Administration
Seoul National University

Encl: Questionnaire

우간다 의료인의 성과에 대한 리더십 스타일의 영향 연구: 캄팔라 시립 의료원 사례를 중심으로

Rose Kokunzire Namara

글로벌행정전공

서울대학교 행정대학원

조직적 시민행동의 예측지표로서 리더십 스타일의 중요성은 서구 국가의 맥락에서 발달되어 왔다. 리더십은 조직 구성원이 업무를 수행할 수 있도록 행동하게 만드는 능력으로 정의할 수 있다. 이는 리더와 구성원이 조직의 최종 목표를 달성하기 위한 공통된 의도를 가지고 있는 특정 상황에서 발생하는 관계가 행위에 영향을 미침을 반영하고 있다.

의료계 종사자의 업무 효율성을 증진하기 위하여 효과적인 리더십이 필수적으로 전제되어야 한다. 캄팔라 시의 리더들은 의료 산업과 기관 자체에서 발생하는 복잡성의 증가 때문에 어려움을 겪고 있다. 이러한 어려움은 향후 몇 년 간 줄어들지 않을 것으로 보인다. 연구자들은 특히 국유 의료시설에 속한 의료계 종사자들의 헌신과 충성도가 최저 수준이며 현재 우간다의 의료기관 운영자, 의사 및 환자 모두 대체적으로 의료산업의 운영에 대해 불만족하고 있는 것으로 인식하고 있다. 따라서 본 연구는 캄팔라 시립 의료시설을 대상으로 의료계

종사자들의 성과에 대해 리더십 스타일이 어떤 영향을 미치는지에 대해 연구하고자 한다.

본 연구는 데이터의 기술과 분석에 있어 중단면 연구설계를 활용한다. 본 연구의 모집단은 캄팔라 시 소속 의료계 종사자, 즉 의사, 의료보조인, 그리고 전문 간호사로 구성되어 있다. 참여자를 선정하는데 있어 편향을 줄이고 대표성을 확보하기 위해 층화 무작위 표본추출 방법을 활용하였다. 층화는 구역, 직업, 직위를 기준으로 사용하였다. 지역 의료기관에서 확보한 명단을 바탕으로 하여 각 층위에서 단순무작위표본추출방법을 통하여 의료계 종사자를 선택하였다. 본 연구는 다요인 리더십 척도 설문지 (Multifactor Leadership Questionnaire, MLQ)를 활용한 심층 인터뷰를 통해 데이터를 수집하였다. 의료계 종사자들의 성과 데이터는 각 의료시설의 성과관리시스템에서 제공받았다. 각 성과평가항목은 5 점 척도를 통해 측정하였으며 1 점은 낮은 성과를, 3 점은 평균적 성과 (요구 성과 수준에 해당함), 5 점은 높은 성과를 의미한다. 각 점수들은 전체점수를 위해 평균화 과정을 거쳤다.

분석에 따르면 전체 응답자의 42%의 경우 성과 수준이 요구 수준을 충족하거나 그보다 더 높은 것으로 나타났으며 2%는 요구 수준 이하에 그쳤다. 캄팔라 시립의료원에서 가장 빈번하게 나타난 리더십 유형은 권위적 리더십(34%)이었으며 거래적 리더십이 32.7%로 그 뒤를 이었다. 전환적 리더십은 25.4%로 가장 드물게 사용되는 것으로 나타났다. 권위적 리더십은 주로 실험실 테크니션과 일부 약사에 대해 의사들(doctors and clinical officers)이 사용하고 있었다. 거래적

리더십은 조산사, 의사(doctors), 간호사가 사용하고 있었고 전환적 리더십은 의사(clinical officers)가 조산사, 간호사, 의사 (doctors), 약사에 대해 사용하고 있었다.

거래적 리더십이 의료인의 성과에 유의미한 영향을 미치지 못하고 있는 반면 권위적 및 전환적 리더십 스타일은 성과에 통계적으로 유의한 영향을 보이는 것으로 조사되었다. 따라서 캄팔라 시 당국은 즉각적으로 권위적 리더십의 사용을 줄여야 할 것으로 보이며 구청은 반드시 필요한 경우를 제외하고 권위적 리더십의 범람을 막기 위해 상황적합적인 리더십 스타일에 대한 지원을 할 필요가 있다. 캄팔라 시 당국은 행정 구역 내 모든 의료 시설 내에서 관리자 지위에 있는 의료인을 위한 리더십 워크숍을 조직해야 한다. 이는 해당 의료인이 리더십 스타일을 선택함에 있어 보다 현명한 선택이 가능하도록 관심을 고양시키는 효과를 가져올 것으로 기대한다.

키워드: 리더십 유형, 의료 시설, 권위적 리더십, 거래적 리더십, 전환적 리더십, 성과

학번: 2014-23741